

influence children ordinarily regain their appetite, strength, and colour. In such cases there is amelioration only; but the cases where it cures are those in which the diathesis has not as yet produced a cachectic condition, and where the local manifestations are superficial and confined to the skin, the mucous membranes, and suppurated lymphatic glands. Beyond these, in tuberculosis and the diseases of bones, it is only a good palliative. But, although thus limited, the therapeutic effects have considerable importance. It is no slight matter to be able to abridge the duration of a coryza, an ophthalmia, or the suppurations of glands, cutaneous ulcers, otorrhœas, leucorrhœas, etc., which depend upon the scrofulous constitution. The author possesses a number of facts relating to such cases, as well as to scrofulous perforation of the palate, reputed syphilitic, suppurating cervical glands (formerly called *écrouelles*), etc. The result in all of them was the same; a rapid cicatrization of the sores was always observed.

In all these cases the arseniate of soda was begun in doses of 5 milligrammes (1-14th grain), and increased at the end of a few days to 10, 15, and, finally, 20 milligrammes ( $\frac{1}{4}$  grain). Beyond that dose, symptoms of gastralgia, vomiting, and diarrhœa are apt to come on, and should be guarded against. It may be given in gum julep, in Bordeaux wine, in syrup of cinchona, or syrup of gum. The following formula may be employed, and the medicine left in the charge of families, for use during several weeks: Syrup of cinchona, 300 grammes (3x); arseniate of soda, 5 centigrammes (gr.  $\frac{1}{2}$ ): one or two teaspoonfuls each day; each teaspoonful containing about 1 milligramme ( $\frac{1}{70}$  grain) of the arseniate of soda. In this dose, and with the precaution of increasing it gradually, the arseniate of soda presents no danger. Its effects are, to increase the appetite and produce a richer sanguification, manifested by a ruddy colour of the skin, muscular energy, and an unmistakable appearance of health. Such results, says the author, are not to be despised in the case of scrofulous subjects, pale, emaciated, and exhausted by long suppurations and mucous discharges; and it is on these grounds that he recommends the arseniate. He does not propose it, however, as a specific, but only as a tonic or corroborant, which stimulates the appetite and imparts increased activity to the molecular nutrition of the tissues. In scrofulous constitutions, it is the slowness of the movements of nutrition, and of the exchange of the circulating materials, which gives the diseases their peculiarly chronic character. In this respect the arsenical medication is useful, as perhaps the cod-liver oil is also, by stimulating nutrition; and the results obtained should induce practitioners to have recourse to it. It must be noted, however, that the arseniate of soda is suitable only in scrofulous diseases of the cutaneous, mucous, and glandular textures. Its efficacy is doubtful in diseases of the bones; and it is only a palliative in the case of tertiary scrofula, that is, in tuberculization.—*Edinburgh Med. Journ.*, March, 1861, from *Bulletin Gén. de Therap.*, Nov. 1860.

15. *The Grape Cure.* By Dr. ARAN.—Grapes were used therapeutically by the ancients; but the special application of them to the treatment of certain classes of disease dates only about twenty or thirty years back, and is confined, as is well known, to certain localities of the Continent. The method is thus described: The grape cure, as understood in Switzerland and Germany, consists in making grapes the basis of the alimentation during an interval of time extending from two to five or six weeks. The cure itself may be strong or mild. In the *strong* cure, the arrangements are as follows: The patient rises very early in the morning, and, after having swallowed a large glass of cold water, he goes, if he has sufficient strength, into the vineyard, where he eats one or two pounds of grapes, pulled from the vines, and still wet with the morning dew; these he eats without bread, or, if his stomach has difficulty in supporting the grapes alone, he may take a small roll of half an ounce to two ounces. After this repast, the patient, according to circumstances, is either subjected to frictions over the whole body, or he takes a bath, or he engages in gymnastic exercises, or he simply takes a walk. At eleven o'clock, another repast, consisting of three or four pounds of grapes; after which again a walk; and at two o'clock a frugal meal, composed chiefly of herbs, with grapes for dessert. In the afternoon, another repast of grapes of three to four pounds. Lastly, before going to bed, from one to three

pounds of grapes are taken, with some very light food. The *mild* treatment differs from the preceding or strong cure, only in the smaller amount of grapes which the patient takes, the quantity being reduced, according to the case, to one-third or one-fourth; and, besides, a little meat, not too fat, is allowed at the midday meal, and a cup of coffee or chocolate in the morning. In both kinds of cure much stress is laid upon the regimen. Patients are strictly forbidden to take milk, or food made with milk; all kinds of fat meat, eggs, vegetables, and every kind of fruit except the grape, are prohibited; the day must be regularly employed, with moderation both in drinking and eating; no excess of any kind is permitted; and frequent baths are taken. When the cure is finished, patients should continue the same kind of life during several weeks—eight or ten; which constitutes what the Germans call the after-cure (*Nach-cure*). The grape used must be perfectly ripe; and different kinds are used in different countries—the chasselas grape in most parts of Germany and Switzerland, the muscatel grape in the southern countries. The season best adapted for this treatment is the after-season, the middle or end of October, not only because at that time the grape is perfectly ripe in favourable years, but also because the air is then cooler and more pure, and the patients are less exposed to the heat of the sun when they are out in the vineyards, and because the temperature admits of long walks and gymnastic exercises. The localities selected for these special modes of cure, of which the number is very considerable at the present day, are, for the most part, admirably chosen, both as regards the purity of the air, the beauty of the situation, and the exposure, which shelters them from sudden chills of temperature. We have only to mention Veytaux, Montreux, and especially Aigle, on the borders of the Lake of Geneva; on the banks of the Rhine or its vicinity, Armenhausen, Bingen, Boppard, Laubbech, and Rudesheim, Saint Goar; Méran in the Tyrol, etc. All acquainted with these countries will understand how many favourable influences are at work, in addition to the simple “grape cure.” Theoretically, the grape cure has been attempted to be explained on the same chemical principle as the whey cure—viz., that, containing very little nitrogen, it was adapted for diseases with predominance of that element. But this explanation rests on no ascertained grounds. The grape cure has been much vaunted in chronic diseases, phthisis pulmonalis, scrofula, gout, diseases of women, diarrhoea, and (what appears very opposite) abdominal plethora, hæmorrhoids, hypochondria, etc. M. Aran is of opinion that, as a kind of aliment of very easy digestion, the grape cure may be serviceable in many diseases, but especially in dyspepsia, and other affections of the digestive organs, where it is important to give rest to the intestinal canal, while furnishing, at the same time, a kind of diet sufficiently nutritious and slightly stimulant. The hygienic conditions of the localities are, also, undoubtedly favourable for most chronic diseases; and the author thinks that the plan might with advantage be tried in France, so as to ascertain its real value. In the meantime, he is not disposed to allow any specific influence to the grape diet, in the cure of these cases, and recommends a cautious reserve. Fashion, he adds, has had more to do with it than science; and what she has raised up one day, she may overturn the next.—*Edinburgh Med. Journ.*, March, 1861, from *Bull. Gén. de Thérapeutique*, Oct. 1860.

16. *Typhoid Fever and its Treatment*.—Professor PFEUFER, of Munich, has published an analysis of the cases of typhoid fever admitted into his clinique during the winter six months of 1856–7. The cases amounted to 231, a number which indicates about the ordinary prevalence of the disease in Munich. Of the 231 cases, 119 were of a slight nature, while 112 were severe; and among these last there were twenty deaths. In seven of the cases there was a distinct relapse of the fever, and four of these seven cases died. After death, two sets of ulcers were found in the intestines, corresponding to the two paroxysms of the fever. In five of the fatal cases, there was intestinal perforation; and it is worthy of notice, that in two only was the perforation situated in the ileum. In two cases, it was in the colon; and in one, in the appendix vermiformis. In a sixth case, there were all the symptoms of perforation; but the patient, a boy aged 14, recovered under the use of large doses of opium. In one case, there was laryn-